

## Academic Registry Application for Testimonial

- (1) Please submit together with this form proof of identity document (Original or copy of HKID card/Passport or Student card).
- (2) If this form is submitted by a representative of the applicant, or the testimonial is to be collected by a representative, the representative has to produce his/her own HKID card/Passport as proof of identity, an authorization letter bearing the applicant's signature and a copy of the applicant's HKID card/Passport.
- (3) Testimonial is usually available 4 working days after the completed application is received by the Academic Registry.
- (4) Application will only be processed upon receipt of payment. Payment by cash is not acceptable, please refer to AR website for payment methods. NO REFUND will be given under any circumstances.

()	PERSONAL PARTICULARS							
	Name:		(		) Student No: _			
		(in English)		(in Chinese)				
	Sex: Date of	Birth:	HKID/Passport No.		Contact Tel. No:			
(J	LIST THE PROGRAMMES YOU HAVE ATTENDED / ARE ATTENDING AT THE INSTITUTION:							
	Notes: Research Postgraduate students should apply for testimonial at the Graduate School (AAB 904, 9/F, Academic and Administration Building, Baptist University Road Campus).  Taught Postgraduate students should apply for testimonial at the Taught Postgraduate Studies Section (AAB 904, 9/F, Academic and Administration Building, Baptist University Road Campus).  Students (non-graduates) of programmes listed overleaf should apply for testimonial at the relevant officinstead of the HKBU-Academic Registry.							
	Date Admitted (month/year)	Programme/ Department	Major	Minor	Date Graduated/ Completed	Date Withdrawn		
	1.							
	2.							
	3.							
<b>I</b> )	TYPE OF TESTIMONIAL APPLIED FOR:							
	(Please √ where a <sub>l</sub>	ppropriate)				No. of copie		
	Certification of Student/Graduation Status  ☐ Please √ this box if you wish to show the medium of instruction of the study programme on the testimonial  (HK\$50/copy)							
	Visa Application  - for travel visa application: for indication of  Semester Breaks  Christmas & New Year holidays  Chinese New Year holidays  Easter holidays							
	Others (please spe	cify):				_		
	L				Total no. of copie	es:		
	HOW SHOULD THE TESTIMONIAL BE DELIVERED?  Sent to the correspondence address overleaf by ordinary mail (Local) / regular air mail (Overseas) registered mail  Collected at the Academic Registry (Room 701, 7/F, Academic and Administration Building, Baptist University (Room 701, 7/F).							
(V)	☐ ordinary n	nail (Local) / regula	ry (Room 701, 7/F, Ac	ademic and A	Administration Building			
<b>V</b> )	☐ ordinary n	nail (Local) / regula e Academic Registr . (Note: Testimonia		ademic and A	Administration Building fter the issue date will			

m 1 1 1 m									
To be completed upon collect	<u>ion of testimonial</u>								
Collected by:	(Signature)	(	(Name in BLOCK letters)						
HIZID/Daggarant/Ctradent cond.	_								
HKID/Passport/Student card:	Checked	Date	:						
FOR OFFICE USE ONLY									
	Φ.								
Testimonial fee: \$50/copy x _	= \$	Paid							
Form Received by on		HKID/Passport/St	HKID/Passport/Student card:						
Prepared by	Checked by	Complete	Completed/Mailed on						
Personal Data (Privacy) Ordinar Personal Information Collection									
Persons who supply personal data	in their applications to th	e Academic Registry for v	various purposes are requested to note the following:						
1. Personal data provided in the applications are to facilitate the process of their applications and will not be used for other purposes.									
<ol> <li>Personal data provided will only be used by University staff.</li> <li>After the applications have been processed, application forms will be destroyed 3 months after the process is over.</li> </ol>									
Under the provision of the Persona	ıl Data (Privacy) Ordinan	ice, request for personal da	ata access or correction may be made and addressed to:						
Academic Registrar Academic Registry Room 701, 7/F Academic and Administration Baptist University Road Cam Hong Kong Baptist University Kowloon Tong Kowloon  Note: Students (non-graduat	pus y	nmes should apply for	testimonial at the relevant office, instead of the						
HKBU-Academic Regis	stry:								
Study Programme			Address						
• Top-up Undergradua		es	SCE – DLB Office						
• Early Childhood Edu			4/F, David C. Lam Building, Shaw Campus Hong Kong Baptist University						
Associate Degree pro	· ·		34 Renfrew Road						
<ul> <li>Higher Diploma prog International Educat</li> </ul>		by the College of	Kowloon Tong, Kowloon						
~~~~~~~	~~~~~~	·~~~~~~							
Please fill out the Name of App (To avoid postal errors, please damages of the testimonial duri	plicant and the Name within within in postal delivery.)	and Address of Recipt border. The Academic	ient where the testimonial(s) will be sent to. Registry will bear no responsibility for any loss or						
Name of Applicant:									
Name of recipient:									
Address:									